

Case Number:	CM13-0059407		
Date Assigned:	12/30/2013	Date of Injury:	01/25/2013
Decision Date:	05/23/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52-year-old gentleman injured on 1/25/13. The clinical records provided for review specific to the claimant's left shoulder included an MRI of the left shoulder on 4/30/13 that showed moderate impingement with tendinosis of the rotator cuff and no full thickness tearing. The records documented that treatment to date has included subacromial injections, acupuncture, home exercises, medication management, and formal physical therapy. On a recent clinical assessment dated 11/5/13 continued complaints of pain in the shoulder as well as left upper extremity were noted. Physical examination included pain with overhead activity, restricted range of motion at end points, positive Neer, Hawkins, and impingement testing, positive pain at the acromioclavicular joint and diminished strength. Surgery for arthroscopic acromioplasty, decompression, and distal clavicle resection were recommended based upon the claimant's failure to respond to conservative care. No further imaging reports were provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DEBRIDEMENT AND DISTAL CLAVICLE RESECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation (ODG), Shoulder Chapter and the article "Direct Arthroscopic Distal Clavicle Resection;(web); Non MTUS Citation: (ODG), Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) - TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: SHOULDER PROCEDURE - PARTIAL CLAVICULECTOMY (MUMFORD PROCEDURE); INDICATIONS FOR SURGERY - PATIEL CLAVICULECTOMY.

Decision rationale: California MTUS/ACOEM Guidelines are silent regarding distal clavicle resection. When looking at Official Disability Guidelines criteria, distal clavicle excision in this case would not be indicated. The clinical records for review fail to demonstrate imaging that would be supportive of degenerative changes at the acromioclavicular joint to support the need for interval surgery. Previous MRI scan of the left shoulder dated 4/30/13 demonstrated tendinosis to the rotator cuff but no bony abnormality. The absence of imaging findings at the distal clavicle would fail to necessitate this portion of the operative process. The request is non certified.

HOT/COLD THERAPY UNIT WITH COMPRESSION X 21 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation aetna clinical policy bulletin;Cryoanalgesia and Therapeutic Cold (online version) (www.aetna.com/cpb/medical/data/200_299/0297.html).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - GAME READY⚬ ACCELERATED RECOVERY SYSTEM - CONTINUOUS-FLOW CRYOTHERAPY.

Decision rationale: The combination cryotherapy and compression unit for 21 days would not be indicated as the need for operative intervention in this case has not been established.

ARM SLING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER CHAPTER, IMMOBILIZATION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) - TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: SHOULDER PROCEDURE - POSTOPERATIVE ABDUCTION PILLOW/ SLING.

Decision rationale: The use on arm sling would not be indicated as the need for operative intervention in this case has not been established.